

Foster Family Home - Corrective Action Report

Provider ID: 1-130053

Home Name: Paulina Alboroto, CNA

94-552 Koaleo Street

Waipahu

HI 96797

Review ID: 1-130053-5

Reviewer: David Ayling

Begin Date: 3/13/2019

Foster Family Home

Required Certificate

[11-800-6]

6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

Home inspection for a 2 person CCFFH recertification made on 3/13/19. Corrective Action Report issued during home inspection with all items due to CTA by 4/13/19.

6.(d)(1) - see applicable sections of the review

Foster Family Home

Background Checks

[11-800-8]

8.(a)(1) Be subject to criminal history record checks in accordance with section 846-2.7, HRS;

8.(a)(2) Be subject to adult protective service perpetrator checks if the individual has direct contact with a client; and

Comment:

8.(a)(1),(2) - HHM #1 turned 18 years old on 9/12/2018. Has not gotten APS/CAN and fingerprints as of today.

Foster Family Home

Personnel and Staffing

[11-800-41]

41.(b)(8) Have documentation of current training in blood borne pathogen and infection control, cardiopulmonary resuscitation, and basic first aid.

Comment:

41.(b)(8) - No current Blood Borne Pathogen certification present for CG #2 and CG #3.

Foster Family Home

Fire Safety

[11-800-46]

46.(a) The home shall conduct, document, and maintain a record, in the home, of unannounced fire drills at different times of the day, evening, and night. Fire drills shall be conducted at least monthly under varied conditions and shall include the testing of smoke detectors.

Comment:

46.(a) - CG #2 has not lead a fire drill in 2018 or 2019.

Compliance Manager

Primary Care Giver

Date

Date

Community Care Foster Family Home (CCFFH)
Written Plan of Correction for Deficiencies
Listed in Corrective Action Report
Chapter 17-1454

CCFFH Name: Paulina Alboroto

CCFFH Address: 94-552 Koaleo Street Waipahu, HI 96797

Rule Number	Corrective Action Taken	Date Corrected	Prevention Strategy
8.(a)(1), (2)	I received a current APS/ CAN and fingerprint from HHM #1 and placed it in my CCFFH binder.	3/22/19	I will get an APS/CAN and fingerprint for all new HHM's and ones that turned 18 years old.
41.(b) (8)	I received a current Blood Borne Pathogen Certificate for CG #2 and CG #3 and placed it in my CCFFH binder.	3/22/19	I placed the expiration dates for Blood Borne Pathogen for all CG's on my iPhone calendar. I set a reminder 1 month prior to expiration date.
46.(a)	I had CG #2 lead a fire drill on 3/22/19	3/22/19	I will have all SCG's lead a fire drill at least once a year.

Primary Caregiver's Signature: Paulina Alboroto

Print Name: Paulina P. Alboroto

Date of Signature: 3/25/19